-AT,,

Failure to file notice in the appropriate states will not refailure to file the appropriate federal notice will not result in a second exemption is predicated on the filing of a federal notice. deral exemption. Conversely, state exemption unless such

FORM D

RECEIVED

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UNITED STATES 1437

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering

amendment and name has changed, and indicate change.)

Series A Preferred Stock Financing

PROCESSED

D se

Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOE

Type of Filing: ☑ New Filing □Amendment

MAR 2 7 2007

Type of Filing: \(\sime\) New Filing \(\superant\) Amendme	ent		
一个是一个人,并是一个人的一种是一个人的	BASIC IDENTIFICATION	DATAVILL	SIR A CAPITO
1. Enter the information requested about the		THOMS	
Name of Issuer (check if this is an amend	lment and name has changed, and indicate cha	inge.) FINANC	CIAL
Epiphany Biosciences, Inc.			<u> </u>
Address of Executive Offices	(Number and Street, City, State, Zip Code	e) Telephone Number (Including Area Co	de)
1 California Street, Suite 2800 San F	rancisco, CA 94111	(415) 765-7193	
Address of Principal Business Operations (if different from Executive Offices) Same	(Number and Street, City, State, Zip Code as above	c) Telephone Number (Including Area Coo Same as above	de)
Brief Description of Business			
developing pharmaceutical and diagnostic p	products		
Type of Business Organization			
	ady formed \square other (please specify): \square busine	ess trust 🗖 limited partnership, to be formed	i 🚎 🚶
	Month	Year .	
Actual or Estimated Date of Incorporation of	Organization: 0 2	0 6 ⊠ Actual □ Estimated	· i
Jurisdiction of Incorporation or Organization	: (Enter two-letter U.S. Postal Service abbrev	viation for State:	
CN for Cana	da; FN for other foreign jurisdiction)	DE	۱
	·		

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

351949.03

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general and manage 	ging partner of par	tnership issuers.			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner		⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first, i Fred Volinsky					<u> </u>
Business or Residence Addrecto Epiphany Bioscience	ess (Number and	l Street, City, State, Zip Code rnia Street, Sulte 2800 Sa	e) an Francisco, CA 94111		
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, David Myles	if individual)			•	
Business or Residence Addr c/o Epiphany Bioscience	ess (Number and es, Inc. 1 Califo	l Street, City, State, Zip Code rnia Street, Suite 2800 S a	e) an Francisco, CA 94111		<u> </u>
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Paul Mieyal	if individual)				** ** .
		l Street, City, State, Zip Code nam Ave., Greenwich, Cl			4
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, Lee Meisel	if individual)				
Business or Residence Addr Lee Meisel 5859 Windsor		Street, City, State, Zip Code ton, FL 33496	e) ·		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Clyde Turner	if individual)			,	
		Street, City, State, Zip Code , LLC 900 S. Pavilion Cer	e) nter Drive, Ste 170, Las Ve	egas, NV 989144	4
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Charles Sanders	if individual)				1131
		l Street, City, State, Zip Code rnia Street, Suite 2800 Sa			,
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, John Quelch	if individual)			,	
		Street, City, State, Zip Code rnia Street, Suite 2800 Sa			
Check Box(es) that Apply:		☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Windsor Bay Capital LLC					
Business or Residence Addi c/o Lee Meisel 5859 Winds		d Street, City, State, Zip Code Raton, FL 33496	e) ' '		

Check Box(es) that Apply:	<u>.</u>	Promoter	X	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if inc	dividual)					•
Kappa Investors LLC							HÇ.
Business or Residence Addr c/o Wexford Capital LLC,		•			•		• •
Check Box(es) that Apply:		Promoter	X	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if inc	dividual)			,	,	-
Wexford Spectrum Investo	rs L	.LC					
Business or Residence Addr c/o Wexford Capital LLC,		•			•		
Check Box(es) that Apply:		Promoter	, X	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Global Trust Ventures	if inc	dividual)		<u> </u>			
Business or Residence Addr c/o Global Trust Ventures					e) rive, Ste 170, Las Vegas, NV	989144	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING		<u> </u>
	Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	0	凶
Answer also in Appendix, Column 2, if filing under ULOE.	•	
2. What is the minimum investment that will be accepted from any individual?		100,000
3. Does the offering permit joint ownership of a single unit?	Yes ⊠	No □
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person		
to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list		ř
the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Full Name (Last name first, if individual)	·	
None. Business or Residence Address (Number and Street, City, State, Zip Code)		7
Business of Residence Address (Number and Street, City, State, 21) Code)		
Name of Associated Broker or Dealer		
Traine of Associated Broker of Brazilia		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	□ A	All States
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[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PR]	
Full Name (Last name first, if individual)		
None.		
Business or Residence Address (Number and Street, City, State, Zip Code)		· · · · ·
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
·	П- А	II Status
(Check "All States" or check individual States)	[ID]	.ll States
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	[MO]	5
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PA] [PR]	
Full Name (Last name first, if individual)		
None.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
		٠
Name of Associated Broker or Dealer		· · · · ·
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		-
(Check "All States" or check individual States)	A	Il States
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[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[MO·] [PA·]	
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\Box \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Type of Security Offering Price Sold Debt\$_ Equity \$39,199,288.49 ☑ Preferred □ Common Convertible Securities (including warrants)......\$ Partnership Interests......\$_____ Other (Specify ______)......\$_ 0 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of Purchases Investors Accredited Investors \$ 36,199,286.49 12 Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Offering Type of Dollar Amount Security Sold Regulation A...... Rule 504 ________\$ Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees □ \$_

Total.....

Printing and Engraving Costs

Legal Fees.....

Accounting Fees

Engineering Fees

Sales and Commissions (specify finders' fees separately)

Other Expenses (identify)

0.

0

\$___100,000.00

X \$ 100,000.00

		R OF INVESTORS, EXPENSES AN		E OF P	ROCEEDS	life.		
	b. Enter the difference between the aggregate offerition 1 and total expenses furnished in response to Parthe "adjusted gross proceeds to the issuer."	ing price in response to Part C - Quest t C - Question 4.a. This difference is	i				\$ 36,09	: 9,286.49
5.	Indicate below the amount of the adjusted gross proceed used for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate, equal the adjusted gross proceeds to the issuer set fort above.	r any purpose is not known, furnish an The total of the payments listed must	l !					
				Of Dire	nents to ficers, ctors, & filiates			nents to
	Salaries and fees			\$	0		s	0
	Purchase of real estate			\$	0		\$	0
	Purchase, rental or leasing and installation of machiner	ry and equipment		\$	0		\$	0
	Construction or leasing of plant buildings and facilities	•		\$	0		\$	0
	Acquisition of other businesses (including the value of that may be used in exchange for the assets or secur merger)	of securities involved in this offering ities of another issuer pursuant to a		\$ <u>·</u>	00	0	\$	0
	Repayment of indebtedness	•		\$	0		\$	
	Working capital			\$	0		\$ <u>36,0</u>	99, <u>286.49</u>
	Other (specify):			\$	0		\$	0
				\$	0		\$ <u></u>	0
	Column Totals			\$	0	X	\$ <u>36,0</u>	99,286.4
	Total Payments Listed (column totals added)				× \$ <u>3</u>	<u>6,099,</u>	<u> 286.49</u>	100 m
		FEDERALSIGNATURE						
follo	issuer has duly caused this notice to be signed by the wing signature constitutes an undertaking by the issuer to staff, the information furnished by the issuer to any non	o furnish to the U.S. Securities and Ex	chan	ge Comn	nission, up			
Epip	hany Biosciences, Inc.	ignature			Date Marc	h <u>H</u> , 2	2007	
	e of Signer (Print or Type) hen Thau	itlefol Signer (Pfint or Pype) attorney						
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								**
		·		•				ार्ड दुस्
_		ATTENTION —						55 :

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

TANDAM OF THE STATE OF APPENDIX AND APPENDIX			
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		APPENDIX.	

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	Intend to non-ac investors (Part B-)	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item.1)		
State	Yes	No	Series A Preferred Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
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AK		ļ									
AZ											
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1	2	<u></u>	3			4	·		5	
	Intend to non-ac investors (Part B-	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Series A Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
State	res .	110	· ·	Investors	Amount	. Investors	·	103		
NE				· -						
NV		х	\$5,000,000.00	1	\$5,000,000.00	0	0		х	
NH										
ŅJ										
NM						·	••			
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